



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
CHILD CARE FACILITY
INSPECTION REPORT**

| | | | | | |
|--|-------------------------------------|---------------|---|--------------------------------|----------------------------|
| REASON | | GRADE | Inspection Date: | ESTABLISHMENT NAME: | |
| Regular | <input checked="" type="checkbox"/> | 7 | 12/6/17 | MILESTONES PLAY & LEARN CENTER | |
| Follow-Up | <input type="checkbox"/> | | Time In/Out: | OWNER/OPERATOR: | |
| Complaint | <input type="checkbox"/> | | 3:00 PM 4:05 PM | ROSARIO, RON PIER Z | |
| Investigation | <input type="checkbox"/> | RATING | Sanitary Permit No.: | LOCATION: 101-103 JRG | Establishment Type: |
| Other: | <input type="checkbox"/> | A | 20000-170002054 | COMMERCIAL CTR HABA MA CCC | NURSERY |
| | | | PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired | | |
| No. of Children: 24 Male 21 Female 45 Total | | | Child Care License No.: 160110 <input checked="" type="checkbox"/> Valid <input type="checkbox"/> / Provisional <input type="checkbox"/> / Expired | | |

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

| ITEM* | REMARKS | DEMERIT | CORRECT BY |
|-------|--|---------|------------|
| | A REGULAR INSPECTION WAS CONDUCTED. | | |
| | PREVIOUS INSPECTION CONDUCTED ON 7/25/17. | | |
| | (0, A). | | |
| | THE FOLLOWING VIOLATIONS WERE OBSERVED: | | |
| 13 | SOAP & SANITARY PAPER TOWELS NOT PROVIDED FOR HANDSINKS. ALL HANDSINKS SHALL BE EQUIPPED WITH SOAP & PAPER TOWELS TO PROMOTE PROPER HANDWASHING HYGIENE PRACTICES. | 1 | |
| 21 | NO HOT WATER PROVIDED FOR HANDSINKS IN THE ESTABLISHMENT. HOT RUNNING WATER SHALL BE PROVIDED TO PROMOTE PROPER HANDWASHING HYGIENE. | 6 | |
| | "A" PLACARD # 02354 ISSUED. | | |
| | PIC BRIEFED ON ABOVE. | | |

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:
(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title):

Annabel Jones

DEH Inspector (Name & Title):

J. GARCIA EPHO